

110TH CONGRESS
2D SESSION

H. R. 5554

To amend title 38, United States Code, to expand and improve health care services available to veterans from the Department of Veterans Affairs for substance use disorders, and for other purposes.

IN THE HOUSE OF REPRESENTATIVES

MARCH 6, 2008

Mr. MICHAUD (for himself, Mr. FILNER, Mr. MILLER of Florida, Ms. CORRINE BROWN of Florida, Mr. ALLEN, Mr. BISHOP of Georgia, Mr. LEWIS of Georgia, and Mr. COHEN) introduced the following bill; which was referred to the Committee on Veterans' Affairs

A BILL

To amend title 38, United States Code, to expand and improve health care services available to veterans from the Department of Veterans Affairs for substance use disorders, and for other purposes.

1 *Be it enacted by the Senate and House of Representa-*
2 *tives of the United States of America in Congress assembled,*

3 **SECTION 1. SHORT TITLE.**

4 This Act may be cited as the “Veterans Substance
5 Use Disorders Prevention and Treatment Act of 2008”.

1 **SEC. 2. EXPANSION OF VETERANS SUBSTANCE USE DIS-**
2 **ORDER PROGRAMS.**

3 Subsection (d) of section 1720A of title 38, United
4 States Code, is amended by adding at the end the fol-
5 lowing new paragraph:

6 “(3)(A) Each plan under paragraph (1) shall ensure
7 that the medical center provides ready access to a full con-
8 tinuum of care for substance use disorders for veterans
9 in need of such care.

10 “(B) In this paragraph, the term ‘full continuum of
11 care’ means, with respect to a substance use disorder, all
12 of the following care, treatment, and services:

13 “(i) Screening for substance use disorder in all
14 settings, including primary care settings.

15 “(ii) Detoxification and stabilization services.

16 “(iii) Intensive outpatient care services.

17 “(iv) Relapse prevention services.

18 “(v) Outpatient counseling services.

19 “(vi) Residential substance use disorder treat-
20 ment in the case of veterans with severe recurring
21 substance abuse or substance dependence.

22 “(vii) Pharmacological treatment to reduce
23 cravings, and opioid substitution therapy referred to
24 in paragraph (2).

25 “(viii) Coordination with groups providing peer
26 to peer counseling.

1 “(ix) Short-term, early interventions for sub-
 2 stance use disorders, such as motivational coun-
 3 seling, that are readily available and provided in a
 4 manner to overcome stigma associated with the pro-
 5 vision of such interventions and related care.

6 “(x) Marital and family counseling.

7 “(C) The Secretary shall provide for outreach to vet-
 8 erans who served in Operation Enduring Freedom or Op-
 9 eration Iraqi Freedom to increase awareness of the avail-
 10 ability of care, treatment, and services from the Depart-
 11 ment for substance use disorders.”.

12 **SEC. 3. REQUIREMENT FOR ALLOCATION OF DEPARTMENT**
 13 **RESOURCES TO ENSURE AVAILABILITY FOR**
 14 **ALL VETERANS REQUIRING TREATMENT FOR**
 15 **SUBSTANCE USE DISORDERS.**

16 (a) **EQUITABLE ALLOCATION OF FUNDING; ANNUAL**
 17 **REPORT.**—Section 1720A of title 38, United States Code,
 18 as amended by section 2, is further amended by adding
 19 at the end the following new subsection:

20 “(e)(1) The Secretary shall ensure that amounts
 21 made available for care, treatment, and services provided
 22 under this section are allocated in such a manner that a
 23 full continuum of care (as defined in subsection (d)(3)(B))
 24 is available to veterans seeking such care, treatment, or

1 services, without regard to the location of the residence
2 of any such veterans.

3 “(2)(A) In addition to the report required under sec-
4 tion 1703(c)(1) of this title (relating to furnishing of con-
5 tract care and services under this section), the Secretary
6 shall include in the budget documents which the Secretary
7 submits to Congress for any fiscal year a detailed report
8 on the care, treatment, and services furnished by the De-
9 partment under this section during the most recently com-
10 pleted fiscal year.

11 “(B) Each report under subparagraph (A) shall in-
12 clude data on the following for each medical facility of the
13 Department:

14 “(i) The number of veterans who have been
15 provided care, treatment, or services under this sec-
16 tion at the facility for each 1,000 veterans who have
17 received hospital care (if applicable) or medical serv-
18 ices at the facility.

19 “(ii) The number of veterans for whom sub-
20 stance use disorder screening was carried out under
21 subsection (d)(3)(B)(i) at the facility.

22 “(iii) The number of veterans for whom a sub-
23 stance use disorder was identified after a screening
24 was carried out under subsection (d)(3)(B)(i) at the
25 facility.

1 “(iv) The number of veterans who were referred
2 by the facility for care, treatment, or services for
3 substance use disorders under this section.

4 “(v) The number of veterans who received care,
5 treatment or services at the facility for substance
6 use disorders under this section.

7 “(vi) Availability of the full continuum of care
8 (as defined in subsection (d)(3)(B)) at the facility.

9 “(C) Each report prepared under subparagraph (A)
10 shall be reviewed by the Committee on Care of Severely
11 Chronically Mentally Ill Veterans authorized by section
12 7321 of this title. The Committee shall provide an inde-
13 pendent assessment of the care, treatment, and services
14 furnished directly by the Department under this section
15 to veterans. Such assessment shall include a detailed anal-
16 ysis of the availability, the barriers to access (if any), and
17 the quality of such care, treatment, and services.”.

18 (b) EFFECTIVE DATE.—The amendment made by
19 subsection (a) shall apply to fiscal years beginning on or
20 after October 1, 2009.

1 **SEC. 4. PILOT PROGRAM FOR INTERNET-BASED SUB-**
2 **STANCE USE DISORDER TREATMENT FOR**
3 **VETERANS OF OPERATION IRAQI FREEDOM**
4 **AND OPERATION ENDURING FREEDOM.**

5 (a) FINDINGS.—Congress makes the following find-
6 ings:

7 (1) Stigma associated with seeking treatment
8 for mental health disorders has been demonstrated
9 to prevent some veterans from seeking such treat-
10 ment at a medical facility operated by the Depart-
11 ment of Defense or the Department of Veterans Af-
12 fairs.

13 (2) There is a significant incidence among vet-
14 erans of post-deployment mental health problems,
15 especially among members of a reserve component
16 who return as veterans to civilian life.

17 (3) Computer-based self-guided training has
18 been demonstrated to be an effective strategy for
19 supplementing the care of psychological conditions.

20 (4) Younger veterans, especially those who
21 served in Operation Enduring Freedom or Operation
22 Iraqi Freedom, are comfortable with and proficient
23 at computer-based technology.

24 (5) Veterans living in rural areas find access to
25 treatment for substance use disorder limited.

1 (6) Self-assessment and treatment options for
2 substance use disorders through an Internet website
3 may reduce stigma and provides additional access
4 for individuals seeking care and treatment for such
5 disorders.

6 (b) IN GENERAL.—Not later than one year after the
7 date of the enactment of this Act, the Secretary of Vet-
8 erans Affairs shall carry out a pilot program to test the
9 feasibility and advisability of providing veterans who seek
10 treatment for substance use disorders access to a com-
11 puter-based self-assessment, education, and specified
12 treatment program through a secure Internet website op-
13 erated by the Secretary. Participation in the pilot program
14 is available on a voluntary basis for those veterans who
15 have served in Operation Enduring Freedom or Operation
16 Iraqi Freedom.

17 (c) ELEMENTS OF PILOT PROGRAM.—

18 (1) IN GENERAL.—In designing and carrying
19 out the pilot program under this section, the Sec-
20 retary of Veterans Affairs shall ensure that—

21 (A) access to the Internet website and the
22 programs available on the website by a veteran
23 (or family member) does not involuntarily gen-
24 erate an identifiable medical record of that ac-

cess by that veteran in any medical database maintained by the Department;

(B) the Internet website is accessible from remote locations, especially rural areas; and

(C) the Internet website includes a self-assessment tool for substance use disorders, self-guided treatment and educational materials for such disorders, and appropriate information and materials for family members of veterans.

(2) CONSIDERATION OF SIMILAR PROJECTS.—

In designing the pilot program under this section, the Secretary of Veterans Affairs shall consider similar pilot projects of the Department of Defense for the early diagnosis and treatment of post-traumatic stress disorder and other mental health conditions established under section 741 of the John Warner National Defense Authorization Act of Fiscal Year 2007 (Public Law 109–364; 120 Stat. 2304).

(3) LOCATION OF PILOT PROGRAM.—The Sec-

retary shall carry out the pilot program through those medical centers of the Department of Veterans Affairs that have established Centers for Excellence for Substance Abuse Treatment and Education or that have established a Substance Abuse Program Evaluation and Research Center.

1 (4) CONTRACT AUTHORITY.—The Secretary of
2 Veterans Affairs may enter into contracts with
3 qualified entities or organizations to carry out the
4 pilot program required under this section.

5 (d) DURATION OF PILOT PROGRAM.—The pilot pro-
6 gram required by subsection (a) shall be carried out dur-
7 ing the two-year period beginning on the date of the com-
8 mencement of the pilot program.

9 (e) AUTHORIZATION OF APPROPRIATIONS.—There
10 are authorized to be appropriated to the Secretary of Vet-
11 erans Affairs \$1,500,000 for each of fiscal years 2009 and
12 2010 to carry out the pilot program under this section.

13 (f) REPORT.—Not later than six months after the
14 completion of the pilot program, the Secretary shall sub-
15 mit to Congress a report on the pilot program, and shall
16 include in that report an assessment of the feasibility and
17 advisability of the pilot program, of any cost savings or
18 other benefits associated with the pilot program, and rec-
19 ommendations for the continuation or expansion of the
20 pilot program.

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